



Claim File

Have you reported: Yes

Who was driving at that time:

Insurance Policy #: 2334

Incident Date: 2019-06-18

Incident Location: Brampton

Agreement #: 30

Cstmr's version of accident: dvcn ndcvjcbjc jkcb,f

Accident Report: 47347845vhvv

Type:

Cost Type:	Estimated Cost	Details
Towing	200	devcd towing

Source of Customer:

Body shop:

Date In to Body shop: 2019-06-14

Date In Notes:

Date Out of Body Shop: 2019-06-17

Date In Notes:

Fault:

Status: Not Set

Police Details:

Third Party Name:

Third Party Insurance #:

Third Party Contact #:

Third Party Car Make:

Third Party Car Model:

Third Party Car Plate #:

Third Party Address:

Insurance Company Name:

Insurance Claim #:

Adjustor Name:

Adjustor Contact #:

Adjustor Email ID:

Team Lead Name:

Notes:

Pictures after damage:

Pictures before repair:

Pictures after repair:

Additional Pictures:

Additional Documents: